

CIHR INSTITUTE OF
GENDER AND HEALTH
SHAPING SCIENCE FOR A HEALTHIER WORLD

L'INSTITUT DE LA SANTÉ DES FEMMES
ET DES HOMMES DES IRSC
FAÇONNER LA SCIENCE POUR UN MONDE EN MEILLEURE SANTÉ

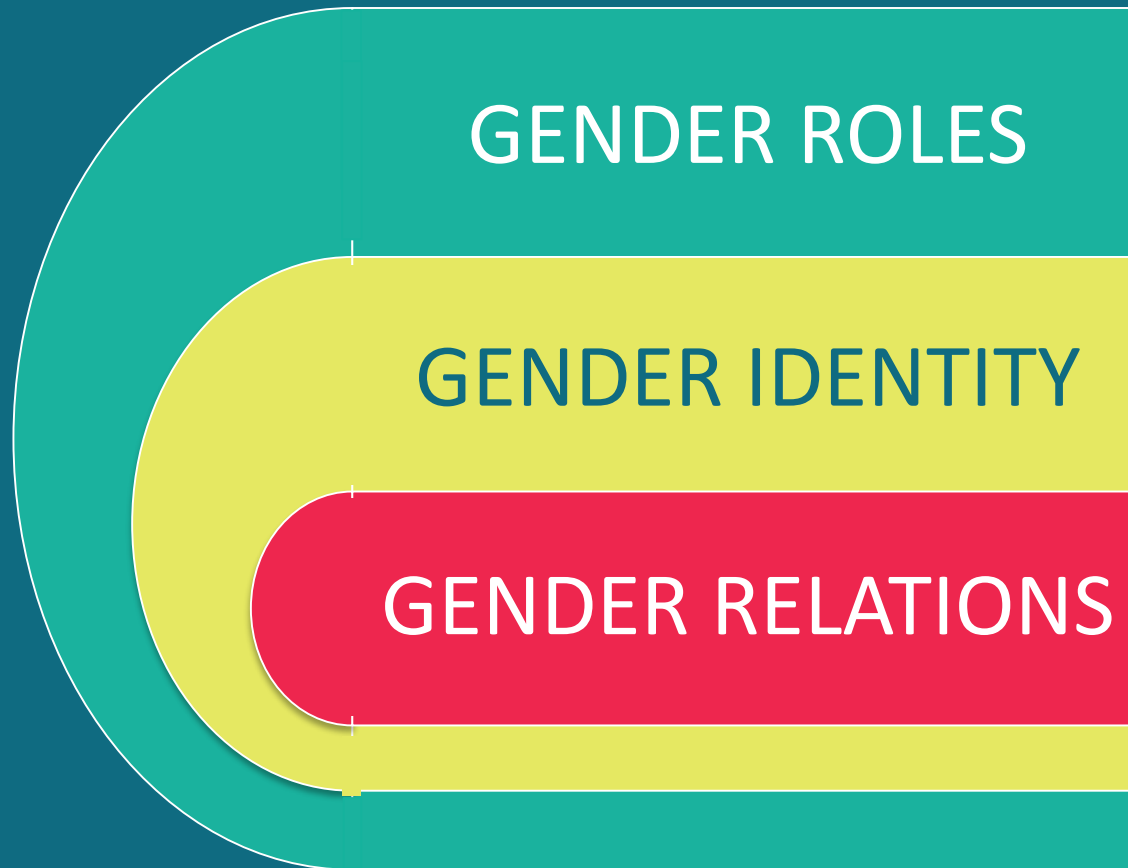
HOW GENDER STEREOTYPES AFFECT CLINICAL CARE

RCCN Workshop Sex and Gender Differences in Aging

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Marina del Rey, June 2019



3 MAIN STEREOTYPES



- ✓ Behavioural norms
- ✓ Occupational choices
- ✓ Caregiving roles
- ✓ Inner sense of self as masculine, feminine, in between or neither
- ✓ Cis, trans, or 'it depends'
- ✓ Interpersonal interactions: eg. family, workplace dynamics

GENDER ROLES AND GENDER NORMS ARE SOCIALIZED FROM AN EARLY AGE



**SWEET &
EMOTIONAL**



**SHE'LL NEED TO
KNOW HER PLACE**

**ASSERTIVE &
BRAVE**



**AND HE BETTER
NOT CRY**

When returning to the closet is your only choice...

Many LGBTQI2S seniors fear going into assisted living centers and long term care facilities. They often feel they must hide their identities and partners to stay safe from abuse and discrimination.

Go to egale.ca/seniors for resources and training opportunities.

Egale 
Canada Human Rights Trust

photography, design and art direction : chris chapman

IGH - SHA

Lezlie, 61
dyke

losing your independence
shouldn't mean losing your identity

HOW GENDER STEREOTYPES BIAS CLINICAL CARE

We measure what we treasure

- ◆ Gender roles affect measurement of function and activities of daily living
- ◆ Gender norms lead to assumptions and expectations about how men and women express anxiety and depression
- ◆ What we consider 'normal' versus 'not normal' creates stigma around self-report, often resulting in treatment failure

DO YOU THINK THIS 'ABILITY TO HANDLE FINANCES' QUESTION IS GENDER BIASED?

ABILITY TO HANDLE FINANCES	POINTS
Manages financial matters independently, collects and keeps track of income	1
Manages day-to-day purchases, but needs help with banking, major purchases	0
Incapable of handling money	0

Lawton & Brody (1969). Assessment of older people: Self-maintaining and instrumental activities of daily living. *The Gerontologist*, 9(3), 179-186

DO YOU THINK THIS 'FOOD PREPARATION' QUESTION IS GENDER BIASED?

FOOD PREPARATION	POINTS
Plans, prepares, and serves adequate meals independently	1
Prepares adequate meals if supplied with ingredients	0
Heats and serves prepared meals or prepares meals but does not maintain adequate diet	0
Needs help with all home maintenance tasks	0

Lawton & Brody (1969). Assessment of older people: Self-maintaining and instrumental activities of daily living. *The Gerontologist*, 9(3), 179-186

GENDER DIFFERENCES IN WHAT OLDER PEOPLE DO AND DON'T DO

Table 1. Descriptive Statistics, Respondents Aged ≥ 50 Health and Retirement Study (n = 20,218), 1998

	Males	Females
Age (average)	66.5	67.4
Instrumental activities of daily living		
Self-reported difficulty using a map ^a		
No	85.7%	67.4%
Yes/can't do	7.5%	13.8%
Don't do	6.7%	18.7%
Missing	0.0%	0.0%
Self-reported difficulty using a telephone ^a		
No	93.1%	94.6%
Yes/can't do	6.0%	5.1%
Don't do	0.9%	0.3%
Missing	0.0%	0.0%
Self-reported difficulty managing money ^a		
No	90.4%	89.9%
Yes/can't do	5.7%	7.8%
Don't do	3.9%	2.3%
Missing	0.0%	0.0%

Table 1. Descriptive Statistics, Respondents Aged ≥ 50 Health and Retirement Study (n = 20,218), 1998

	Males	Females
Self-reported difficulty taking medicine ^a		
No	89.0%	90.7%
Yes/can't do	3.2%	4.5%
Don't do	0.2%	0.2%
Missing	7.7%	4.6%
Self-reported difficulty shopping ^a		
No	87.6%	84.9%
Yes/can't do	7.1%	13.0%
Don't do	5.3%	2.2%
Missing	0.0%	0.0%
Self-reported difficulty preparing meals ^a		
No	84.2%	89.9%
Yes/can't do	5.3%	8.6%
Don't do	10.5%	1.5%
Missing	0.0%	0.0%
N	8,727	11,491

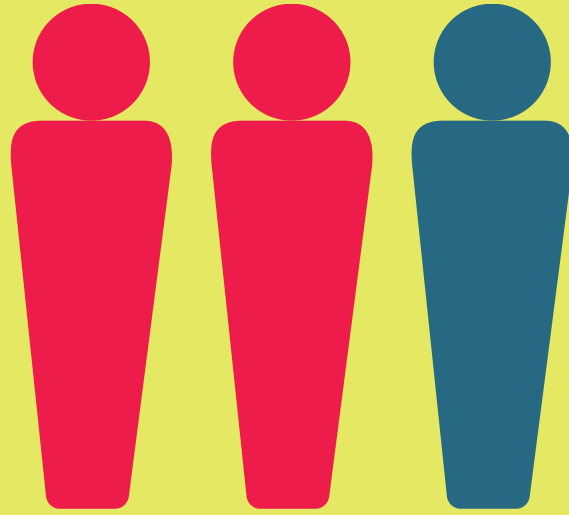
Sheehan & Tucker-Drob (2017). Gendered Expectations Distort Male-Female Differences in Instrumental Activities of Daily Living in Later Adulthood. *Journals of Gerontology: Social Sciences*, 74(4):715-723.

Do you think the GERIATRIC DEPRESSION SCALE is gender-biased?

Table 2. Geriatric Depression Scale (10-Item Shortened Form)

<i>Question</i>	<i>Response</i>
1. Are you basically satisfied with your life?*	Yes/NO
2. Do you feel that your life is empty?*	YES/No
3. Are you afraid that something bad is going to happen to you?*	YES/No
4. Do you feel happy most of the time?*	Yes/NO
5. Have you dropped many of your activities and interests?	YES/No
6. Do you often feel helpless?	YES/No
7. Do you feel that you have more problems with memory than most?	YES/No
8. Do you feel full of energy?	Yes/NO
9. Do you feel that your situation is hopeless?	YES/No
10. Do you think that most people are better off than you are?	YES/No

NOTE: One point is scored for each response in capital letters. A score of 3 or greater may indicate depression.



**WOMEN ARE DIAGNOSED WITH
ANXIETY AND DEPRESSION
TWICE AS OFTEN AS MEN.**

Oliffe, J. L., & Phillips, M. J. (2008). Men, depression and masculinities: A review and recommendations. *Journal of Men's Health*, 5(3), 194-202.

Cara Tannenbaum, "Sex and Gender Differences in Aging" June 6-7, 2019

70% OF SEDATIVE USERS ARE WOMEN



Memory impairment



Falls



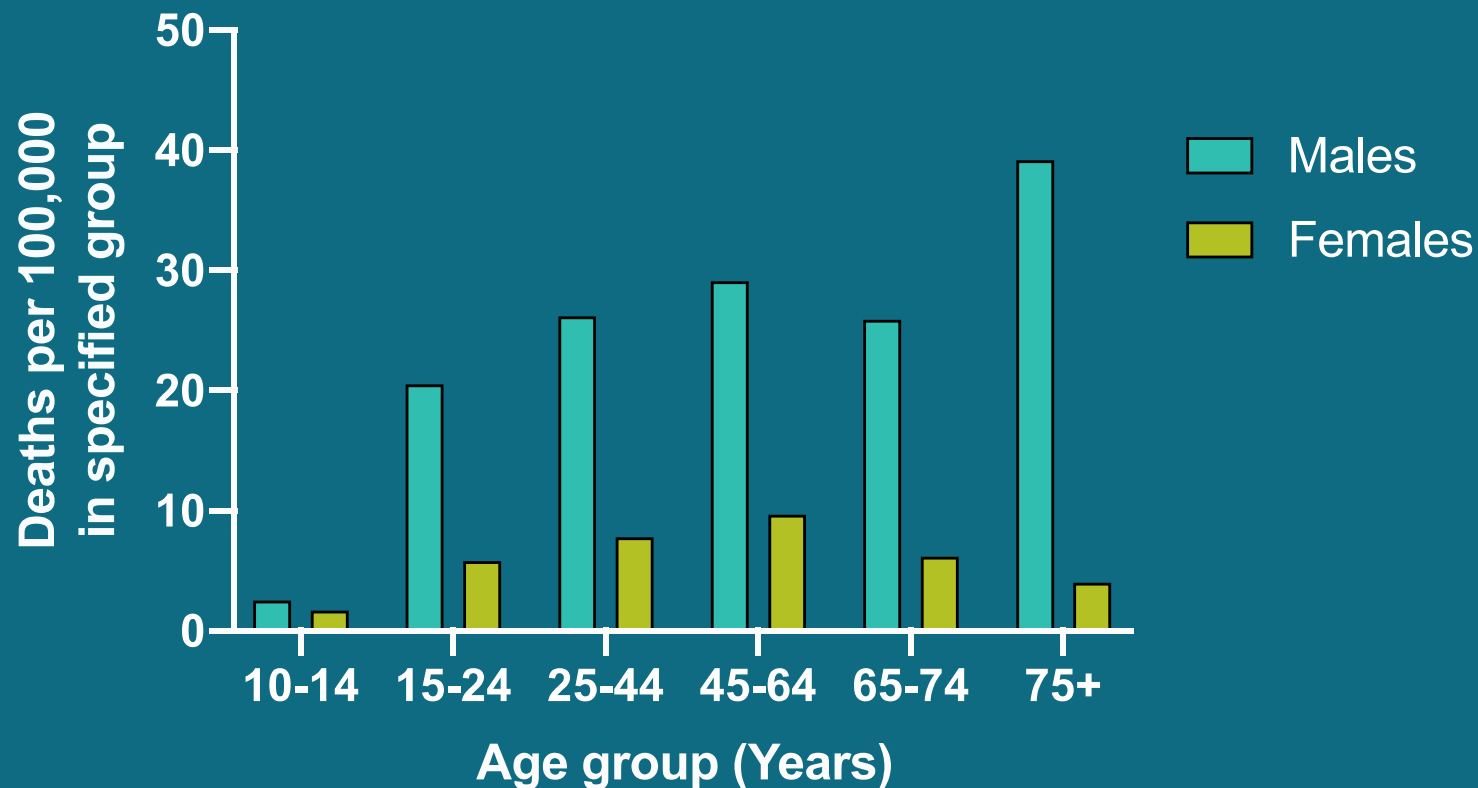
Fractures



Automobile accidents

OLDER MEN ARE 10x MORE LIKELY TO COMMIT SUICIDE THAN OLDER WOMEN

Suicide rates for males and females, by age group
United States (2017)



SOURCE: NCHS Data Brief No. 330, Nov 2018

BECAUSE WE DON'T ASK, OLDER LGBT INDIVIDUALS SUFFER HEALTH DISPARITIES



Disability



Physical & mental distress



Discrimination & victimization



Access to support, aging and health services

Fredriksen-Goldsen et al. (2011). The Aging and Health Report: Disparities and Resilience among Lesbian, Gay, Bisexual, and Transgender Older Adults. Seattle: Institute for Multigenerational Health.

WHEN WAS THE
LAST TIME THIS
“CUTE LITTLE
OLD LADY” GOT
SCREENED FOR
INCONTINENCE?

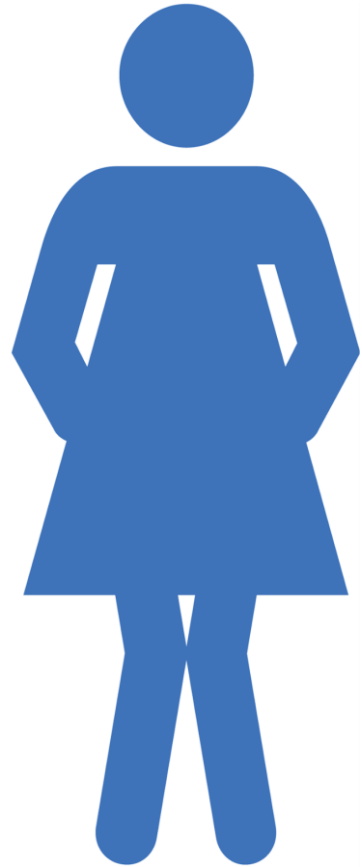


OUR ASSUMPTIONS ABOUT NORMAL SHAPE WHO GETS TREATED

1-in-2

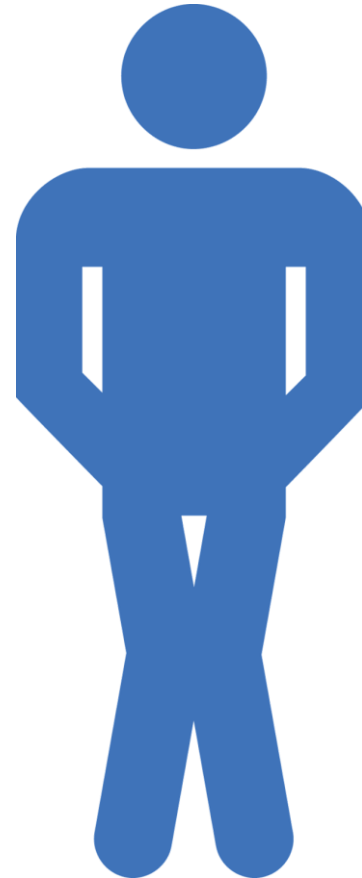
versus

1-in-5



Only 30% of women seek care for incontinence

80% believe it is a normal part of aging



70% of men seek care for incontinence

All get treated

PHYSICIAN GENDER BIAS ALSO EXISTS IN CLINICAL CARE

MALE PHYSICIAN + OLDER PATIENT = **HIGHER** MORTALITY & READMISSIONS

FEMALE PHYSICIAN + OLDER PATIENT = **LOWER** MORTALITY & READMISSIONS

JAMA Internal Medicine | [Original Investigation](#)

Comparison of Hospital Mortality and Readmission Rates for Medicare Patients Treated by Male vs Female Physicians

Yusuke Tsugawa, MD, MPH, PhD; Anupam B. Jena, MD, PhD; Jose F. Figueroa, MD, MPH; E. John Orav, PhD; Daniel M. Blumenthal, MD, MBA; Ashish K. Jha, MD, MPH

**RESEARCH
PRIORITIES AND
STRATEGIES FOR
OVERCOMING
GENDER
STEREOTYPES**

MORTALITY RATES DECREASE WHEN MALE PHYSICIANS PRACTICE WITH MORE WOMEN! WHY?



Patient–physician gender concordance and increased mortality among female heart attack patients

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PNAS

WILL MORE SYSTEMATIC APPROACHES TO HEART ATTACK REDUCE GENDER BIAS IN OUTCOMES?

Huded et al. (2018) JACC

HISTORIC CONTROL GROUP

490 men 233 women

INTERVENTION GROUP

378 men 171 women

Usual care for
ST-Elevation MI (heart attack)



New 4-step protocol

1. ER Criteria do not require cardiology consult
2. Guideline based drug therapy
3. Immediate transfer to the cath lab
4. Initial radial approach for vascular access



Men vs Women

77% vs 69% guideline therapy
104 vs 112 min door to balloon time

30-day mortality 6.1% higher in women

Men vs Women

84% vs 80% guideline therapy
89 vs 91 min door to balloon time

30-day mortality reduced to 3.2%
higher in women

What about
teaching

6

**COGNITIVE
STEPS**

to integrate sex
and gender into
teaching and
clinical practice

1. Identify patient sex and gender

2. Understand sex differences in
clinical manifestations of disease

3. Recognize potential limitations in
diagnostic tests and questions

4. Use sex-specific thresholds for
biomarkers or laboratory value
references

5. When available, dose medications
based upon sex-specific evidence

6. Mitigate all types of gender bias

McGregor et al. (2017) West J Emerg Med 18:1079

CHANGING YOUR LANGUAGE?

Non-inclusive Questions

Do you have **children** to help you?

Will your **husband** be here for your ultrasound?

Is your **wife** here with you today?

Do you have **family** I can call?

Inclusive Questions

Do you have **someone** to help you?

Will a **loved one** be coming with you?

Is your **partner** here with you today?

Do you have **a loved one** I can call?

ONLINE TRAINING MODULES?

Sex and Gender in
Biomedical Research



Sex and Gender in Primary
Data Collection with Humans



Sex and Gender in the Analysis of
Data from Human Participants



www.discoversexandgender.ca



THANK YOU

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